



# Town of Lexington

## PERSON AT RISK FILE

### A POLICE DEPARTMENT REGISTRY TO ASSIST PERSONS AT RISK

Instructions: Complete form, affix photograph and return to:

Lexington Police Department  
1575 Massachusetts Avenue  
Lexington, MA 02420-3889  
Attn: Family Services Officer

Last Name		First Name		MI	For use by the Police Department Only MN#
<b>Personal Description</b>			<b>Affix Recent Photo Here</b>		
Date of Birth					
Race & Sex	Race	Sex			
Height					
Weight					
Hair Color					
Eye Color					
Scars/Marks					
Glasses					
Facial Hair					
<b>Important Address Information</b>					
Home					
	Phone #:				
Work					
	Phone #:				
School					
	Phone #:				
<b>Emergency Contacts</b>					
AT HOME - Name		Relationship	Phone		
Address					
AT WORK - Name		Relationship	Phone		
Address					
AT SCHOOL -- Name		Relationship	Phone		
Address					
OTHER - Name		Relationship	Phone		
Address					
SEE REVERSE SIDE OF THIS FORM FOR IMPORTANT QUESTIONS					

## AT RISK INFORMATION

### Medical Condition:

Physician

Phone

Address

Current Medications:

Does person drive? YES ☐ NO ☐

If a vehicle is being used, please describe below:

Plate #

Make

Model

Year

Color

Does person speak? YES ☐ NO ☐ If not, how does person communicate?

Does person wander? YES ☐ NO ☐ If yes, to where?

Describe medical alert ID, if worn:

Additional information that will help identify the risk or assist an officer find, communicate with, or care for person. If necessary, attach a separate sheet.

## RELEASE

I, \_\_\_\_\_, give my permission to the **Lexington Police Department** to retain this information, to be kept confidentially on file for the purpose of identification and assistance relative to people at risk and related investigative activities.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Status update: \_\_\_\_\_

If you have any questions or concerns, please call the Lexington Police Department at (781) 862-1212 and ask to speak with the Family Services Officer or the Desk Officer.